



## LĀTAH AND ÂMOK.

It is only within comparatively recent years that we have become interested in things psychological pertaining to the Malay. Probably this is largely due to the fact that until recently we came very little in contact with them, the Dutch having monopolized for several centuries dominion over the greater part of the East Indies. True, we have had possession of the Straits Settlements since the eighteenth century, but these were mere outposts of empire; and it was not until Wallace's *Malay Archipelago* and *Island Life* focussed attention on that part of the world, and the comparatively recent rapid spread of British influence over the Federated Malay States, Sarawak, and British North Borneo fixed that attention, that we first began to study the Malay races as they deserved. Now the discovery of large lodes of tin in the Federated Malay States, and the enormous impetus of the rubber industry, has made the subject of the Malay, his habits, customs, and methods of thought, a topic of commercial and therefore constantly increasing importance.

### LĀTAH.

*Lātah* may be defined as "a mental condition in which suggestion is at once followed by an uncontrollable action." The most recent work on tropical medicine<sup>1</sup> in the English language states, in addition, that the *lātah* in a state of *lātah* is wholly unconscious of what he is doing. Such a statement is incorrect. The *lātah* almost always knows what he is doing, and it is one of the most distressing features of the affection that the body is often irresistibly impelled to words and actions the mind absolutely repudiates.

Occasionally, however, in deep *lātah* the patient may become unconscious. Gilmour Ellis,<sup>2</sup> from his wide experience, states: "Consciousness is certainly sometimes lost during a paroxysm, but in the cases I have seen it is not so." It obviously, therefore, must be of infrequent occurrence. Personally, I have not seen it.

### Types.

There are two main types of *lātah*—the impulsive, and the mimetic. As examples, two classical cases may be quoted:

A Eurasian clerk, very decorous, the father of a family, intensely respectable, when startled into *lātah*, would

shoot out his arm violently at the nearest object, and burst into a stream of brief but very foul coprolalic language. He was intensely conscious of his weakness, very ashamed of it, yet absolutely unable to control himself, or his language, when in the *latah* state.

That is the "impulsive type." As an example of the "mimetic," the following is classical:

The cook of a coasting steamer had his baby brought to him when the ship was in port. He was known to be intensely devoted to, and proud of, the child. It was also known to his shipmates that he was *latah*. When he was nursing the baby, in his arms on deck, one of the Malay crew came along with a billet of wood, which he pretended to nurse in his arms, like a baby. Next he began to toss the billet of wood in the air, catching it again as it fell, knowing that the unfortunate *latah*, absolutely unable to resist, would be fascinated into imitating him. This the poor victim did do, tossing his precious baby up towards the awning and catching it again, loathing and dreading to do so, yet compelled by his *latah* state to absolutely keep time with his tormentor. Suddenly, instead of catching his billet, the sailor opened his arms and let it fall on the deck. Unable to resist, the miserable father did likewise, the baby fell heavily on deck, and never regained consciousness.

#### *Predisposing Causes of Latah.*

Temperamentally all the Malay races are exceedingly high strung and nervous. "Externally impassive," says O'Brien, "no one can know them long without being struck by their extreme susceptibility and peculiar sensitiveness to the influence of what we should call the accidents of everyday life." There is no doubt that there is a hereditary tendency to *latah* in almost every Malay. They themselves give a very wide definition to the term, including all, from those who are absolutely automatic to suggestion, to those of a mere markedly excitable temperament. Most Malays take very little notice of mild cases—they are so common, they do not tend to become more severe, they do not, as a rule, interfere with health, and usually very little with business. There is no tendency for the condition to degenerate into insanity—an *orang latah* (*latah* man) never becomes an *orang gila* (lunatic).

It has been suggested that the enervating climate of the Malay Peninsula and the archipelago is responsible for the condition. Even Europeans get "jumpy" and intensely irritable after a few years there, and "tropical neurasthenia," it is suggested, is the forerunner of what, in a few generations, would be *latah*.

On the other hand, an almost identical affection, "miryachit," occurs in Siberia,<sup>4</sup> and "Tourette's disease" and the "jumping Frenchmen of Maine" will immediately occur to those acquainted with the varieties of spasmodic tic.

At one time I was strongly of the opinion that the constant chewing of betel to which the Malay is addicted

was the probable main predisposing cause, and in a recent work<sup>5</sup> I ventilated the theory. The fact that the Chinese in Malaya, who live exactly the same life as the natives, but are not addicted to betel, practically never suffer from *lâtah* gave colour to the view. On the other hand, Dr. Andrew Gilmour has described several typical cases of *lâtah* amongst pure-bred Kaffirs in South Africa,<sup>6</sup> and he assures me they certainly were not betel-chewers. The theory must, therefore, be abandoned, and we must admit that no satisfactory explanation has, up to the present, been propounded.

### *Exciting Causes.*

A *lâtah* behaves like an ordinary individual until startled into the *lâtah* state. What will make one person *lâtah* has often no effect whatever on another equally susceptible to the condition. The causes may be classified as follows:

1. *Auditory*.—An unexpected noise, especially if made behind the patient, is a very common exciting cause. Sometimes the noise must be a definite "signal-word," usually the name of some wild beast. A well-known "pawang" (medicine man) only went *lâtah* when the word "harimau" (tiger) was mentioned.

2. *Visual*.—Some unlooked-for movement in a bystander is a common excitant of *lâtah*. During one of O'Brien's river expeditions a certain young Malay, who helped greatly and was quite rational and respectful, was pointed out to him as a well-known *lâtah*. To quote O'Brien's words<sup>7</sup> "I saw him standing alone on the bank as we put off down stream, and I waved my hand to him. To my surprise he began to wave his hand frantically in return, and continued to do so till I lost him at the first bend of the stream. . . . As I rounded the bend I saw him still waving. . . . The steersman, to whom I turned, came out with the stereotyped formula, '*dia baniak lâtah, tuan*' (he is very '*lâtah*,' sir)."

3. *Tactile*.—A sudden touch from behind, or a dig in the ribs, is a very usual exciting cause. One such *lâtah* victim used to burst into coprolalia, rush to the nearest tree, and embrace it fondly, as if it had been a woman.

Treatment up to the present has been most unsatisfactory. The condition seldom appears before puberty. It is said to be commoner in women than in men, and especially common amongst old women; another fruitful period is that of the menopause. When it does appear early it usually lasts all the patient's lifetime. Luckily, unless the patient is deliberately tortured it has little or no effect upon health. A few patients are said to have cured themselves by determination not to succumb.

### ÂMOK.

*Âmok*, at first sight, does not appear to have any relation with *lâtah*, yet competent observers have expressed the conviction that without *lâtah* there would be no

âmok. It has not been proved that lâtah degenerates into âmok, nor that âmokers are especially prone to lâtah. Ellis points out, however,<sup>8</sup> that the "paroxysmal form of lâtah is very suggestive of the mental condition of âmok," differing from it only in extent of time.

Many totally erroneous ideas are held, even in the Far East, both as to the genuineness of the condition and as to its cause. A learned judge who sentenced an âmoker to death at Penang, was apparently under the delusion that it was a form of Mohammedan euthanasia, the man slaying all the "infidels" possible on his way to certain death and paradise. The Malays ran âmok, however, long before they were Mohammedans, and when the âmoker is out to slay he buries his "kris" in friend or foe alike—Chinese, Klings, Parsees, his fellow Malays, just as they come.

The great decrease of âmok when the British in Malacca and the Dutch in Java and Celebes, condemned every âmoker to death, originated a belief that every case was one of private vendetta; but even allowing for the condition having been frequently simulated as a cloak for private revenge, there remains a genuine substratum of real âmokers for whom we have to account; and the fact that such cases are now invariably condemned to imprisonment for life in a criminal lunatic asylum is strong evidence of the genuineness of the condition, since any Malay would infinitely prefer death to such a living tomb.

The Dutch, who have much experience of âmok, especially amongst the Bugis, attribute the attack to opium smoking. Miall,<sup>9</sup> with an extensive knowledge of the Dutch East Indies, is inclined rather to the belief that "the smoking of hashish (a preparation of cannabis indica) in particular renders the habitué subject to crises of maniacal fury known by the term âmok." This may be so in certain cases, but it is not so in all. Any strong emotion—anger, sorrow, or fear—which drives the Malay, Achilles-like, to his tent, leaving him solitary and brooding, may cause âmok amongst these emotional people.

The first symptom is an acute depression which deepens, darkening everything around him. Then follows the premonitory aura. The blackness disappears, he sees colours, usually red, and the attack of maniacal fury follows immediately. His memory becomes a blank. He rushes out amongst his fellow men, armed with a "kris" or chopper, and assaults with homicidal fury every living person he meets—friend or foe, man, woman, or child. The violence of the attack lasts for a few hours only; memory during the period is a blank. The patient is sleepy and stuporose for some days after. Apparently then he becomes quite normal again.

#### CONCLUSION.

We now come to the question, What is the connexion, if any, between lâtah and âmok? Here a recent experiment of Fletcher's<sup>10</sup> may usefully be considered. Briefly it was as follows: A known lâtah in hospital was taken



out of the ward into another room, where she was rendered lâtah. In the interval a dummy figure was put into the bed next hers. When she was brought back she was given a knife, and it was suggested that she should stab the apparently sleeping body. She acted on the suggestion instantly, and struck furiously at the figure. Immediately afterwards the suggestion was withdrawn, and she was horrified at her conduct. It was a correspondingly great relief, therefore, when the sheet was withdrawn and the dummy figure exposed to her eyes.

Suppose, now, that to a lâtah, consumed with a great anger or sorrow, brooding over his wrongs, such a suggestion were made, either by self-suggestion or accident. Owing to his condition, the suggestion would be stronger, more imperative, more lasting than usual. In such a case we would almost certainly get a typical âmoker.

It will be obvious that the whole subject is intensely elusive. It is very difficult for the European to get behind the Oriental mind. There are almost no objective signs to go upon; the lâtah, and the âmoker, except when under the influence of their affection, behaving like ordinary people, showing no stigmata of degeneracy, giving no signs of madness.

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Addenda :-

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